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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Filed herewith
First Named Inventor	Heer et al.
Title	Microbicidal Composition
Group Art Unit	
Examiner Name	
Attorney Docket Number	A01510

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Kenneth Crimaldi

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Rohm and Haas Company

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State

PA

Zip

19106

Country

US

Telephone

215-592-2423

Fax

215-592-2682

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Bryan Hegarty

Signature

*Bryan Hegarty*

Date

28/01/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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### SIGNATURE of Applicant or Assignee of Record

Name

Gerhard Tiedtke

Signature



Date

28.01.2004

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Title

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Examiner Name

Attorney Docket Number

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Heer et al.

Microbicidal Composition

A01510

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Individual Name

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Country US

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Beat Heer

Signature

Date

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number A01510

First Named Inventor Heer et al.

**COMPLETE IF KNOWN**

Application Number Not Yet Assigned

Filing Date Filed Herewith

Art Unit Not Yet Assigned

Examiner Name Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Microbicidal Composition

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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Name  
Kenneth Crimaldi  
Rohm and Haas Company

Address  
100 West Independence Mall

City Philadelphia	State PA	ZIP 19106
Country USA	Telephone 215-592-2423	Fax 215-592-2682

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Beat	Family Name or Surname Heer
---	-----------------------------------

Inventor's Signature <i>B. Heer</i>	Date 28.01.2004
---	--------------------

Residence: City Grabs	State	Country CH	Citizenship CH
--------------------------	-------	---------------	-------------------

Mailing Address  
Blumenweg 5

City Grabs	State	ZIP CH-9472	Country CH
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Gerhard	Family Name or Surname Tiedtke
--	--------------------------------------

Inventor's Signature <i>G. Tiedtke</i>	Date 28.01.2004
--	--------------------

Residence: City Gams	State	Country CH	Citizenship CH
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Mailing Address  
Mattenhof B

City Gams	State	ZIP CH9473	Country CH
--------------	-------	---------------	---------------

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Bryan Martin</b>		Family Name <b>Hegarty</b> or Surname	
Inventor's Signature <i>B. Hegarty</i>		Date <b>28/01/04</b>	
Residence: City <b>Peymeinade</b>	State	Country <b>FR</b>	Citizenship <b>IE</b>
Mailing Address <b>32 Chemin de la Montagne</b>			
Mailing Address			
City <b>Peymeinade</b>	State	ZIP <b>06530</b>	Country <b>France</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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